Complete Summary

GUIDELINE TITLE

Ovarian cyst.

BIBLIOGRAPHIC SOURCE(S)

Ovarian cyst. Philadelphia (PA): Intracorp; 2005. Various p. [15 references]

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from July 1, 2005 to July 1, 2007.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Ovarian cysts, including:

- Functional cysts (follicular cyst and corpus luteum cyst)
- Endometriomas
- Cystadenomas
- Dermoid cysts
- Polycystic ovaries

GUIDELINE CATEGORY

Diagnosis
Evaluation

Management
Prevention
Treatment

CLINICAL SPECIALTY

Family Practice
Obstetrics and Gynecology

INTENDED USERS

Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Utilization Management

GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis and management of ovarian cysts that will assist medical management leaders to make appropriate benefit coverage determinations

TARGET POPULATION

Women with ovarian cysts

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Physical examination and assessment of signs, symptoms
2. Diagnostic tests
    - Bimanual pelvic examination
    - Ultrasound (US)
    - Serum CA-125

Management/Treatment/Prevention

1. Watchful waiting
2. Oral contraceptives
3. Surgical removal of the cyst by laparoscopy or laparotomy
4. Oophorectomy if indicated

Note: Guideline developers discussed but did not specifically recommend ovarian cyst drainage.

MAJOR OUTCOMES CONSIDERED

- Risk and incidence of functional cysts

- Effectiveness of treatment at resolving cysts and/or reducing the risk of recurrence
- Complications of treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee or the Intracorp Guideline Quality Committee, dependent upon guideline product type.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. This Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality. The Intracorp Guideline Quality Committee is similarly staffed by Senior and Associate Disability Medical Directors.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnostic Confirmation

Subjective Findings

- Dull ache in the lower back and thighs
- Problems passing urine completely
- Painful menstrual periods and abnormal bleeding
- Pain during sexual intercourse
- Pressure, fullness, or pain in the abdomen
- Nausea or vomiting

Objective Findings

- Abnormal uterine bleeding (see the Intracorp guideline Abnormal Uterine Bleeding)
- Palpable mass on ovary
- Adnexal mass - confirmed on ultrasound (US)
- Free fluid within the cul-de-sac

Diagnostic Tests

- Bimanual pelvic examination
- Ultrasound (may not be effective for morbidly obese patients)
- Serum CA-125; primarily recommended for women over the age of 35 years, who are at high-risk for ovarian cancer and have a cyst that is partially solid

Differential Diagnosis

- Malignancy (see the Intracorp guideline Uterine Cancer)
- Inflammatory disease (see the Intracorp guideline Pelvic Inflammatory Disease)
- Endometriosis
- Polycystic ovarian disease
- Abdominal disease
- Ectopic pregnancy

Treatment

Treatment Options

- "Watchful waiting"; many follicular cysts disappear spontaneously and rarely require treatment
- Oral contraceptives to regulate functional cysts
- Surgical removal of the cyst by laparoscopy (see the Intracorp guideline Laparoscopy) or laparotomy (open surgery)
    - Indications include:
        - Cysts greater than 5 cm or greater that have not dissolved
        - Emergent cases where cyst has ruptured
        - NOTE: In women who have completed child bearing or have reached menopause, physician/surgeon may recommend removing the ovary as certain types of cysts have a high rate of reoccurrence and/or greater risk of malignancy.

Duration of Medical Treatment

- Medical - Optimal: 0 day(s), Maximal: 90 day(s)

Additional information regarding primary care visit schedules, referral options, and specialty care is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Resolving pelvic pain

- After laparoscopy (uncomplicated)
- After laparotomy (uncomplicated)
- After hospitalization for cystectomy, oophorectomy

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis and management of ovarian cysts that will assist medical management leaders to make appropriate benefit coverage determinations

POTENTIAL HARMS

Surgery performed on the adnexal structures carries a risk of adhesion formation that might inhibit fertility.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005

GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

SOURCE(S) OF FUNDING

Intracorp

GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)
Intracorp Disability Clinical Advisory Team (DCAT)
Medical Technology Assessment Committee (MTAC)
Intracorp Guideline Quality Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

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Reprints of complete guideline content may be purchased for $35.00 per title (plus tax in TX at 8.25% and CT at 1.0%). Please send e-mail request to lbowman@mail.intracorp.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.
- Online guideline user trial. Register for Claims Toolbox access at www.intracorp.com.

Licensing information and pricing: Available from Intracorp, 1601 Chestnut Street, TL-09C, Philadelphia, PA 19192; e-mail: lbowman@mail.intracorp.com.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on September 15, 2005. The information was verified by the guideline developer on September 30, 2005.

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